



**MANSFIELD PARKS & RECREATION
FULL DAY CAMP HEALTH EXAM/RECORD
FOR CAMPER**

Please Return Completed Form to Camp

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Camp Sessions: _____

Does the individual have allergies? _____ NO _____ YES, Explain: _____

Is the individual on a special diet? _____ NO _____ YES, Explain: _____

Describe any current health conditions requiring medications, treatment, or special restrictions or considerations while at camp.

Authorized camp staff may administer limited medication (epipens, asthma inhalers, or approved extraordinary situations) during the camp day in accordance with town policy. Campers are not allowed to carry their own medications with the exception of inhalers and epipens. Self-administration of epipens and asthma inhalers require a self-administration of medication form to be completed. Forms available upon request.

Does the camper need special assistance or have any physical, sensorial, or developmental limitation? **If yes, a "Special Assistance" form must be filled out 15 days before attending camp.** Please request the special assistance form at the Community Center. Also contact the camp director prior to your child starting camp.

This camper is up-to-date on all the following routine childhood immunizations thru 8/31/21:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Parent/Guardian Signature

Date Form Signed